

Treatment Engagement

In general, treatment engagement refers to the process of initiating and sustaining the client's participation in the ongoing treatment process. Engagement can involve such enticements as providing help by procuring social services such as food, shelter, and medical services. Engagement can also involve removing barriers to treatment and making treatment more accessible and acceptable. For example, it can entail providing day and evening treatment services. Engagement can be enhanced by providing adjunctive services that may appear to be related indirectly to the disorders such as childcare services, job skills counseling, and recreational activities. It may also be coercive such as through involuntary commitment or a designated payee.

Engagement begins with efforts that are designed to enlist people into treatment, but it is a long-term process with the goals of keeping clients in treatment and helping them manage ongoing problems and crises. Essential to the engagement process is: (1) a personalized relationship with the individual, (2) over an extended period of time, (3) with a focus on the stated needs of the individual.

For clients with co-occurring disorders, engagement in the treatment process is essential, although the techniques used will depend upon the nature of, severity of, and disability caused by, an individual's co-occurring disorders. An employed person with panic disorder and episodic alcohol abuse will require a different type of engagement than a homeless person with schizophrenia and polysubstance dependence. With respect to severe conditions such as psychosis and violent behaviors, therapeutic coercive engagement techniques may include involuntary detoxification, involuntary psychiatric

treatment, conditions of probation or parole, or court-mandated acute treatment.

In terms of Prochaska and DiClemente's (1986) Transtheoretical Model of Behavior Change, a client in the engagement stage of recovery may be considered to be in the "precontemplation" stage of behavior change. In this model the client has no intention to take action within the next 6 months and the goal is to help the client begin to consider the merits of changing an undesirable behavior.

Persuasion

At the persuasion stage, the client is having regular contact with a counselor, but there is no shared agreement to work on substance-use related issues. Before the counselor can begin to work on discontinuing the substance use, the client must decide that using substances has negative consequences and that discontinuing is an important goal. Therefore, the goal of this stage is to persuade the client that substance use is a problem and to obtain agreement to work together on treating it. For example, this may include helping the client see that substance use interferes with the ability to pursue and achieve personal goals. Like the engagement stage of recovery, a client in the persuasion stage would still be considered to be in the "precontemplation" stage of behavior change (Prochaska & DiClemente).

Active Treatment

In this stage, the client realizes that substance use is a problem and is interested in working on discontinuing use of substances. The goal here is to help the client eliminate substance use. Common strategies include participation in self-help groups and developing

alternative activities to substance use such as leisure activities, exercising, and working.

This stage of recovery is similar to three stages of behavior change in the Transtheoretical Model (Prochaska & DiClemente). The first one, “contemplation”, occurs when the client intends to take action within the next 6 months. The client moves into the “preparation” stage when he or she intends to take action within the next 30 days and has taken some behavioral steps toward achieving this end. The final stage, “action”, occurs when the client has recently changed his or her overt behavior (for less than 6 months).

Relapse Prevention

In this stage (which will be discussed in Module 8 in more detail) the client has achieved abstinence for at least six months. As relapse of substance use disorders is common, one important goal is to help maintain an awareness that relapse is possible and to take steps to minimize the chances of relapse occurring. A second goal of this stage is to expand the client’s recovery to other areas of functioning such as social relationships and health. Common strategies include developing a relapse prevention plan, participating in self-help groups, and working on rehabilitation.

This stage of recovery corresponds to the “maintenance” stage of behavior change in the Transtheoretical Model (Prochaska & DiClemente). In this stage, the client has changed the unwanted behavior for more than 6 months and is working to prevent returning to the old behavior.

Summary

- Substance abuse often worsens mental illness, and having more severe symptoms of mental illness sometimes leads to greater substance abuse.
- There are many different strategies that can be used to treat co-occurring disorders and help clients regain control of their lives and make progress toward important goals.
- The treatment of co-occurring disorders must blend both substance use and mental health issues, with each applied at appropriate times and situations according to the clients' needs.
- Treatment strategies may involve medication, working with professionals and family members, self-help, or other natural supports.
- Recovery from a substance use disorder occurs over a series of stages. Each stage is different in terms of the person's awareness of substance abuse as a problem and motivation to address substance use. Understanding the different stages of substance abuse treatment can be helpful in deciding what goals to be working toward.
 - In the engagement stage, the client does not see a professional on a regular basis and has no working relationship with a professional.
 - In the persuasion stage, the client has a working alliance with a professional but is not convinced that substance abuse is a problem.
 - During the active treatment stage, the client is motivated to work on substance abuse and has discontinued use.

- In the relapse prevention stage, the client has stopped using substances (or experiences no consequences from substance use) for a significant period of time.

References

Prochaska, J. O., & DiClemente, C. C. (1986). Toward a comprehensive model of change. In W.R. Miller & N. Heather (Eds.), *Treating addictive behaviors: Processes of change. Applied clinical psychology* (pp. 3-27). New York, NY: Plenum Press.